

## POLICE OFFICER

The City of Hillsdale, Michigan is accepting applications for the position of full time Police Officer. Applications may be obtained at Hillsdale City Hall, 97 N. Broad St., Hillsdale, MI 49242, or at <http://www.cityofhillsdale.org> (517.437.6460)

Applicants must meet the following requirements before submitting an application:

- United States Citizen
- Certified Police Officer (proof of certification must be attached to application) – or Certifiable Police Officer under MCOLES standards
- Must pass an oral board examination, physical examination and psychological evaluation
- High School diploma or GED
- Possess a valid Michigan driver's license with a good driving record
- Free of any abnormality of eye sight and have not less than a 20/40 corrected sight in each eye

Additional benefits of employment with the City of Hillsdale Police Department:

- Twelve Hour shifts
- Starting Pay \$21.14 per hour
- Defined benefit pension and 457 deferred comp plan
- Health, vision and dental insurance
- Health Savings Account (HSA)
- Health Care Savings Plan (HCSP)

All applications will be reviewed before final acceptance. Applicants who do not meet the minimum requirements will be rejected. Qualified applicants can apply in person or by mail through 5:00 pm on Friday, October 23, 2020. Mail application and resume to:

Hillsdale City Police Department  
Chief Scott A. Hephner  
97 N. Broad St.  
Hillsdale, MI 49242

EQUAL OPPORTUNITY EMPLOYER M/F/D

# Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle  
 Address \_\_\_\_\_  
Street City State ZIP Code  
 Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM PM  
☐ Home ☐ Cellular/Other

May we contact you at work? \_\_\_\_\_ ☐ Yes ☐ No

If yes, work number and best time to call: \_\_\_\_\_ : \_\_\_\_\_ AM PM  
 ( )

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_\_ ☐ N/A ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? ..... ☐ Yes ☐ No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? ..... ☐ Yes ☐ No

If yes, additional information may be requested.

Are you lawfully authorized to work in the United States? ..... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time  
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

If they have been explained to you, are you able to meet the attendance requirements of the position? ... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the job's "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. .... ☐ Yes ☐ No

If yes, please provide date(s) and details: \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
Why did you leave?	E-mail:	<b>Compensation (Final)</b>
		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Summarize the type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone # ( )	Dates employed: Month / Year to Month / Year
Street address	City State	<b>Compensation (Starting)</b>
Starting job title/final job title		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Commission/Bonus/Other Compensation \$
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What were the things you liked least about the position?

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_

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If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

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**Computer Skills** (Include software titles and level of experience, such as basic, intermediate, or advanced.)

☐ Word Processing \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Internet \_\_\_\_\_ Level: \_\_\_\_\_

☐ Spreadsheet \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ Presentation \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ E-mail \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Related Information

When answering these questions, please exclude any information that would reveal race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, religion, color, sex (including pregnancy, sexual orientation, and gender identity), age, national origin, disability, marital status, height, weight, genetic information, or any other protected status under applicable federal, state, or local law.**

**I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Hillsdale City Police Department  
97 North Broad Street  
Hillsdale, MI 49242

Personal Injury Waiver & Authority for Release of Information

Applicant's Name \_\_\_\_\_  
Date/Place of birth \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION  
PLEASE READ CAREFULLY

We welcome your application with the Hillsdale City Police Department. We require, as a condition of employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application, assessment questionnaire, and personal background questionnaire.

This release and authorization acknowledges that the Hillsdale City Police Department may now, or at any time while you are employed, conduct a verification of your education, financial records, previous employment/work history, contact personal references, motor vehicle records, and to receive any criminal history record information pertaining to you which may be in the files of any Federal, State or local criminal justice agency in Michigan or any other states and/or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under the department's employment policies. All results will be proprietary and will be kept confidential.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for dismissal.

I have read and understand this release and consent and authorize the background verification. I authorize persons, schools, current and former employers, financial or credit institutions, and other organizations and agencies to provide the Hillsdale City Police Department with all information requested and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that a copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Hillsdale City Police Department and their associates to the full extent permitted by law from any claims, damages, losses, and expenses, or another charge or complaint filed with the agency arising from the retrieving and reporting of information and acknowledge notice of right to receive a copy upon written request.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

MUST BE NOTARIZED BEFORE RETURNING QUESTIONNAIRE  
AFFIDAVIT

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose thereof.

\_\_\_\_\_  
(Signature of Notary Public)

Sworn and subscribed in my presence this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_